

Deposit Account Maintenance

Deposit Account Window Help



Deposit Account

Number: 500329

Balance Amount: 9.00

Holder

Name: AGOURON PHARMACEUTICALS INC

Address

Attention: WILLIAM P. FRIEDRICH

Street: 150 EAST 42ND STREET, 2ND FLOOR

Province:

City: NEW YORK

State:

NY

Postal Code: 10017

Country:

US

Telephone: 858-622-8846

Fax: 858-678-8233

Details

Category Code: NONGOVNMNT

Type: REGULAR

Notification Amt: 0.00

Access Code: 2442

Status:



Active



Closed

AWONDAF1 09/13/2004

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IFW

NOTICE OF FEE DUE

DATE: 09-08-04

TO: DAC

FROM: Office of Initial Patent Examination

SUBJECT: Fee Due

APPLICATION NUMBER 10 754 771

A fee is due for the attached document submitted to the U.S. Patent and Trademark Office for the following reason. Please check the application for the appropriate authorization to charge a deposit account. If an authorization is present, please charge the Appropriate fee. If an authorization is not present, notify the applicant of the fee deficiency.

☐ Insufficient fee by check

☒ Insufficient funds in deposit amount

☐ Declined credit card

☐ Non-authorization for charge to deposit account

☐ No fee submitted per requirement

The correct fee code: 1454 amount \$ 1330

The suspended fee code: 1999 amount \$ _____

Fee Due amount =\$ 1330

If you have any questions, please contact Cynthia Streater at 703-306-5430 or Eleanor Kurtz 703-308-3642

Terminal Operator Abelba